Apt 5784

CHARLOTTE - MECKLENBURG HEALTH DEPARTMENT
PERCOLATION TEST RESULTS

Location (St., Rd., Hwy.) 202 Stanbridge Drive
Subdivision Coulwood # 2
Lot & Block No. 18 E
FHA Case No. _____

Owner McClure Land Co.
Builder _____
No. Perc. Holes 6

6 Hole Average

1st. Perc. Rate	52	Min./In.	Date 11-1-67
2nd Perc. Rate	_____	Min./In.	Date _____
3rd. Perc. Rate	_____	Min./In.	Date _____
4th. Perc. Rate	_____	Min./In.	Date _____

Lowest Rate Above = Average Perc. Rate 52

No. Bedrooms 3 Baths 2
Washing Machine ✓ Yes _____ No
Disposal _____ Yes ✓ No

Separate ✓ Yes _____ No
Separate _____ Yes _____ No

Tank Capacity 1000 Gallons
Nitrification Line 750 Lin. Ft. 750 Sq. Ft.

BUSINESS OR INDUSTRIAL BUILDINGS

W. C. _____ Urinals _____ Lavatories _____
Showers _____ Sinks _____ Other _____
No. of Employees _____

Check:
Approved ✓
Disapproved _____
Conditional _____ Agreement Card Signed _____

David L. DeSaussure
Sanitarian - Engineer

SEE INSTRUCTION

Date Received 3-21-73

ICAR(S) Application No. 5784

T C No. 031-283-06

Map Date 11-16-72

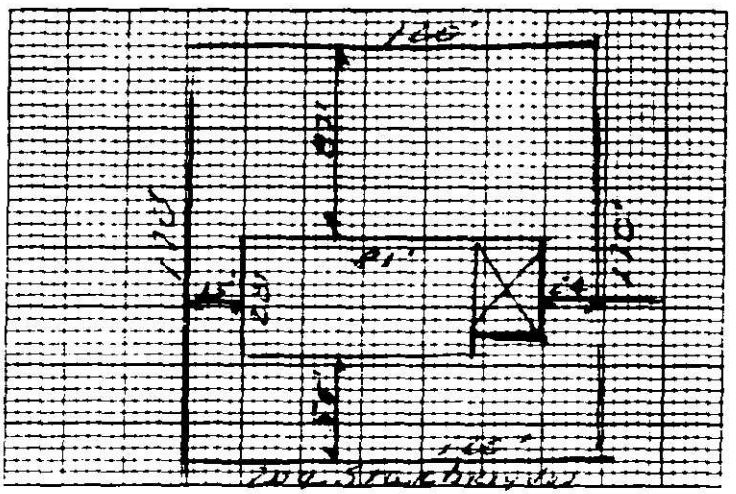
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

Application for an
Installation, Construction, Alteration, and/or Repair Permit
(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

The owner of that property described hereinafter hereby applies to the Mecklenburg County Health Department for a permit to:

1) X Install or Construct 2) _____ Alter or Repair an individual septic tank wastewater treatment system with a subsurface, soil absorption, effluent discharge.



3) PLOT PLAN (ACCURATELY DIMENSIONED)

4) No of Bedrooms 3

5) Business Use — Max No Employees _____

6) Washing Machine X Yes ___ No

7) Garbage Disposal ___ Yes X No

8) Dishwasher X Yes ___ No

9) Water Supply:
   A) Individual Well _____
   B) Governmental System City
   C) Community System:
      1. Well source _____
      2. Governmental source _____

10) Sewage System:
House located within 200 feet of public sewer ___ Yes X No
House located within 200 feet of community sewer ___ Yes X No

11) FHA Case No _____

12) VA Case No _____

13) NAME OF OWNER Alexander (LAST) David (FIRST) (MIDDLE)

14) ADDRESS OF OWNER 2505 Tuckaseegee Rd.

15) PHONE NO Home 399-8511 Office 392-6171

16) LOCATION OF SYSTEM 204 Sturbridge Dr. Coulwood Hills (STREET OR COUNTY ROAD)

17) SUBDIVISION Coulwood Hill Lot No. 18 Block No. E Sect. 17

Map Book No. 14 Page No. 175

18) DEED REFERENCE — DEED BOOK _____ AT PAGE _____

19) HAS A PERCOLATION TEST BEEN RUN? X YES ___ NO DATE RUN _____

20) PTR NUMBER (See Instructions) _____

The undersigned person hereby agrees that he has read the foregoing application and that the contents of same are true. It is understood that any permit applied for herein shall be void and of no effect if any of the above facts are not true.

3/22/73
DATE OF APPLICATION

OWNER

FORM NO. E-4-7-1-70

HEALTH DEPARTMENT'S COPY

Date Issued April 10, 1973

Serial No. 2721

LA No. 5784

T C No 031-083-06

Map Date 11-10-72

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

TO THE BUILDING INSPECTION DEPARTMENT

APPROVAL OF LOT FOR INSTALLATION OF AN INDIVIDUAL SEPTIC TANK WITH SUBSURFACE, SOIL ABSORPTION, EFFLUENT DISCHARGE

NAME OF OWNER Alexander (LAST) David (FIRST) ____ (MIDDLE)

ADDRESS OF OWNER 2505 Tuckaseegee Road ZIP ____

LOCATION OF LOT 204 Sturbridge Drive (STREET OR COUNTY ROAD)

SUBDIVISION Coulwood Hill LOT NO 18 BLOCK NO E Section 12

MAP BOOK NO ____ PAGE NO ____

The above specified lot is approved by the Mecklenburg County Health Department for the installation of an individual septic tank system with subsurface, soil absorption, effluent discharge based on the percolation test results which yielded a percolation rate of 52 min/in on an on-site inspection of the said lot, and upon the information supplied in the "Application for an Installation, Construction, Alteration, and/or Repair Permit" number 5784. This approval is subject to the following terms and conditions:

1. That the nitrification field be installed, constructed, altered, and/or repaired in the same area where the percolation test was run.
2. That an "Installation, Construction, Alteration, and/or Repair Permit" be issued and in full force and effect when the system is installed, constructed, altred, and/or repaired and that the system be installed in accordance with same.

This approval may be revoked and the building inspection department requested to revoke any building permit(s) which have been issued to authorize construction on the said lot if at any time it is determined that any information contained in the "Application for an Installation, Construction, Alteration, and/or Repair Permit" is not correct or is untrue or that the septic-tank system is not being installed, constructed, altered and/or repaired in accordance with a valid Installation, Construction, Alteration, and/or Repair Permit

John R Atkisson
Environmentalist

R L Mauldin
Director, Environmental Health Division or Authorized Section Head

FORM NO E-3-4-1-71

HEALTH DEPARTMENT'S COPY

Date Issued 22 Aug 1973

Serial No. 3903

ICAR (S) Permit No. 5284

T C No 031-083-06

Map Date 11-19-72

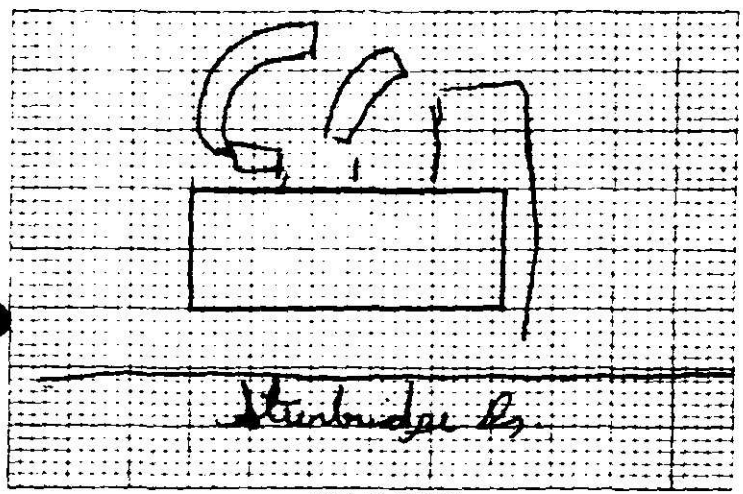
MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

INSTALLATION, CONSTRUCTION, ALTERATION, AND OR REPAIR PERMIT

(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Permission is hereby given to ✓ Install or Construct, ____ Alter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in application _____ dated 3-20-73 and this permit shall be void and of no effect if the information provided in the application is not true or is erroneous. All work shall be completed on or before 22 Sept 1973 after which date this permit shall be null and void.



PLOT OF SYSTEM

Percolation Rate 52

Liquid Capacity of Tank 1500 gal

Tank Construction concrete

Absorption and/or Nitrification Lines T

Total Line Lenght 570 L/F Standard

Number of Lines 6 (15 x 95) Serpentine

Distance from House 10'

Distance from Property Line 10'

Distance from Well NA

NAME OF OWNER Alexander, David

LOCATION OF PROPERTY 204 Stenbridge Dr.

The system shall meet all of the construction requirements as set forth in the Regulations of the Mecklenburg County Board of Health which are in effect on the date of the granting of this permit. A certificate of approval must be issued by the Health Director before any system can be covered up or otherwise rendered uninspectable or can be used.

Comments: wash line in bed 2½ x 50' x 12" — aeration pit at end

John R. Adkisson

Division or Section Head

Environmentalist

If this permit is for the installation or construction of a new system, it must be signed by the division or a section head of the Environmental Health Division in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

FORM NO E 5-4 1-71

HEALTH DEPARTMENT'S COPY

Date Issued 9/7/73 Serial 3864

C of A (s) No. 5784

T C No ____

Map Date ____

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

CERTIFICATE OF APPROVAL

(Individual Septic Tank System with Subsurface, Soil Absorption, Effluent Discharge)

Name of Owner ALEXANDER (LAST) DAVID (FIRST) ____ (MIDDLE)

Location of Property 204 STUR BRIDGE DR (COVINGTON)

Application Number 5784 Permit Number 5784

Inspection Data:

Liquid Capacity of Tank 1500 Tank Material PC

Total Length of Drain Tile 570 + pit Number of Lines 6

Depth of Filter Material 17" Cover Depth 20"

Water Supply Source CITY Distance from Water Source —

Excavation Inspected 9/7/73 (DATE) Tank Inspected 9/7/73 (DATE)

Nitrification Field Inspected 9/7/73 (DATE)

Washing Machine Line Inspected, If Applicable 9/7/73 (DATE)

The undersigned has inspected the Individual Septic Tank System with subsurface, soil absorption, effluent discharge as described above and it has been ____ installed or constructed, ____ altered or repaired in accordance with the permit issued and the regulations of the Mecklenburg County Board of Health in effect on the date of issuance of the permit. The issuance of this Certificate of Approval does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This Certificate of Approval is issued subject to those restrictions and conditions shown on the permit(s) in addition to those listed below under comments. This Certificate of Approval shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

Comments: ____

L P Bridgers

Environmentalist

FORM NO. E-6-4-1-71

HEALTH DEPARTMENT'S COPY